Ohio Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2014

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)

   The most significant economic factor influencing service delivery is this community's continued struggle with flood mitigation. Until these efforts are resolved; this community continues to be negatively impacted by flooding. Several of the homes that were impacted by past floods have been demolished; reducing local inventory of low income housing options. The hardest hit areas of flooding are in some of our poorest neighborhoods. These residents continue to experience the impact of trauma related to flooding.

   In relationship to social factors; the most significant impact is in relationship to the increased availability and use of opiates/prescription drugs. Multiple systems in this community are seeing the impact of this increase including the criminal justice system; healthcare system; treatment system, etc. The number of infants born drug addicted increased as well. While multiple efforts are underway to address this issue; and our community is not as negatively impacted as others; this issue has severe and long lasting impact on our community.

   While the demographics of our community have changed little; the most significant change has been in relationship to income. There is an increasing demographic of residents at or below 200% of poverty; currently near20% of our community.

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

In the spring of each year Board staff put together a document called "allocations homework". This document contains reporting on data trends tracked over multiple years and an "executive review" of the information. The text below is the executive summary of this information that was used for contracting in FY'14 and will be updated for contracting in the upcoming fiscal years.

The following was an update from FY'13:

A. **Healthcare Reform.** The Board's primary responsibilities associated with healthcare reform are associated with positioning our Board to better utilize technology in the administration and delivery of care. This includes things such as telemedicine; electronic health information exchange; utilization of social media; and promotion of electronic applications to support treatment.

   In addition, the Board will need to focus on non-primary treatment supports (i.e. housing; employment; peer support; health promotion, education etc.) In order to do this, more creative methods of contracting will need to be introduced in order to build in the necessary flexibility to respond to client/community needs. Our local agencies will need to

meet the newly established requirements to serve as "health homes" for the SPMI (severely and persistently mentally ill: and SED (severely emotionally disturbed) populations.

Clinically, our Board needs to play a leadership role in educating the community on the impact of trauma and its relationship to wellness.

B. **Reentry**. Efforts to establish a criminal justice division within Century Health, our adult agency continue to move forward. In December of 2011, the Board approved a Business Case, investing $90,000 to hire a Criminal Justice Coordinator. This position is to lead a forensic team that will provide services to individuals who are involved with the criminal justice system in some capacity and in need of mental health and/or substance abuse treatment services. Century Health also received a grant from Hancock County Adult Probation to hire staff a forensic team to delivery substance abuse treatment services and Thinking for a Change. A grant was also awarded by the Attorney General's office to hire a jail based case manager. The Board financial projection includes sustaining the investment in a criminal justice division. Board staff continues to be involved with the Reentry Coalition and the implementation of our local Reentry Plan. (The development of a Criminal Justice Division was a part of that plan)

C. **Substance Abuse Treatment/Prevention. There are several significant issues related to substance abuse treatment and prevention. These include:**
   1. Continuing to support the efforts of the Opiate/Prescription Drug Abuse Task Force. This includes managing the SIG Strategic Prevention Framework Grant.
   2. Implementation of medication assisted treatment. More formal efforts need to be made to integrating the use of medication into the treatment of substance abuse and addiction. The Board will need to make a decision related to the level of investment related to this expanding service area. The development of a local protocol for the treatment of opiate addiction to be used across treatment providers in the community is a priority.
   3. The Reentry Committee has identified the development of a local residential/detox facility as its number one priority.
   4. The community collaborative that was responsible for the recently completed Community Health Needs Assessment Committee has been meeting to review the results, establish priorities and develop a strategic plan for moving forward. The Committee has identified substance abuse, violence and obesity as the three top priority areas for intervention. The Board has been designated as the lead for substance abuse and violence. As a result, there will be support from several organizations (including health), to prioritize these issues.
   5. Changes and improvements in the delivery of substance abuse services need to be done in the context of ROSC.

From a comprehensive review of allocations homework, the following observations were made:

   a. The overall fiscal health of the Board is improving. Cash balances have been higher; and revenue streams from the state are increasing slightly. Administrative expenses have continued to be reduced.
   b. The state decision related to Medicaid expansion, as was introduced in the state budget, has huge policy and financial implications for the Board. While the Executive Director has a growing list of priorities for consideration, the Board is in need of a Non-Medicaid Investment Plan.
   c. Century Health and Family Resource Center are not using their entire allocation for substance abuse treatment services. This is happening in the midst of a substance abuse epidemic and the potential for Medicaid expansion. This is perhaps our most critical issue. After looking at this closely, access is an issue for adult services.
   d. There is no community wide plan to address deep end needs of youth that are in need of pooled funding from a variety of organizations in the community.
   e. Decisions need to be made regarding our investment in crisis/residential/detox services as we move forward with our consultant.
   f. Criminal Justice continues to be a priority.
   g. Medication Assisted Treatment is a must.
   h. Strategic prevention framework good thing…will link directly with ROSC.
   i. Need to update our scorecard to reflect changes.

j.   Board staff have continued to seek outside resources as well as move forward with fund development efforts.

Strengths and Challenges in Addressing Needs of the Local System of Care

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. *(see definitions of "service delivery,"" planning efforts" and "business operations" in Appendix 2).*

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? *(see definition "local system strengths" in Appendix 2).*

    a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.

    While our Board is willing to provide assistance on any issue; the following areas have been identified as specific strengths: our Opiate Task Force; collaboration and services with the criminal justice population; especially the Probation Improvement Grant and the Community Innovations Grant; and the implementation of ROSC.

4. What are the challenges within your local system in addressing the findings of the needs assessment? *(see definition of "local system challenges" in Appendix 2).*

    The biggest challenged faced by our system is that the amount of need far outpaces the amount of resources; financial as well as human resources. The pace of changes; including the implementation of healthcare reform, has accelerated the need to address multiple issues at one time. Human resources are becoming scarcer; making recruitment efforts difficult.

    a. What are the current and/or potential impacts to the system as a result of those challenges?

    Maintaining and/or improving access to care will continue to be a challenge in light of the increased difficulty to attract and retain skilled providers. This is especially true of medical services that are needed to delivery both psychiatric services as well as MAT.

    b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.

    The following assistance is requested of the State Department:

    1.   The development of system outcome measures.

    2.   A policy statement regarding the Board's responsibility for individuals who are continuing to use substances while receiving service subsidized by the Board, especially housing.

5. Describe the Board's vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision *(see definitions of "cultural competence" and "culturally competent system of care" in Appendix 2).*

    The Board continues to sponsor annual cultural competency training. The most recent training was related to the

LBGTQ population. The Board is currently focusing efforts on training related to ROSC in an effort to change the treatment culture as well as that of the general community so they can be of more support to individuals struggling with mental illness and/or addiction issues.

Upcoming priorities include changing the community culture related to trauma and the application of technology in treatment. A grant has been submitted for Hancock County to become a trauma learning community with the National Council. Our next annual cultural competency training will focus on the application of technology in treatment.

Priorities

6. Considering the Board's understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities, and add the Board's unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.

Priorities for Hancock County ADAMHS Board				
Substance Abuse & Mental Health Block Grant Priorities ***Priorities Consistent OHIOMAS Strategic Plan**				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	To provide local treatment with positive outcomes for individuals who are intravenous/injection drug users	Maintain Opiate Task Force Develop Residential Treatment Program Increase Access to Medication Assisted Treatment and outpatient care	Opiate Task Force Reports Completion of Capital Project to develop Residential Treatment Monitoring of Access Standards	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	To provide local treatment with positive outcomes for women who are pregnant and have a substance abuse disorder	Continue Meeting with Local Prenatal Clinic to identify additional service approaches that would be helpful Ensure access to treatment	Monitor Access Standards Number of drug addicted babies born	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	To ensure that parents with substance abuse disorders who have dependent children have access to effective treatment services	Continue participation in Family Stability Committee Meetings Maintain access to treatment services	Committee Meeting Reports Monitoring of Access Standards	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	To ensure that individuals with tuberculosis and other communicable diseases have access to effective treatment services	Maintain Opiate Task Force Database Ensure access to treatment services	Collect Data from Health Department related to number of individuals with hepatitis Monitoring of Access Standards	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Ensure children with serious emotional disturbances have access to effective treatment	Become Trauma Learning Community Screen for trauma and address with evidence based practices Provide school based early detection and intervention services	Number of screenings completed Types services delivered Performance Based Contract Reporting	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Ensure that adults with serious mental illness have access to effective treatment	Become Trauma Learning Community-Screen for trauma and address with evidence based practices Utilize Involuntary Community Commitment when appropriate	Number of screenings completed Types of services delivered Number of clients on involuntary community commitment Compliance with treatment	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Complete Combined Community Health Assessment Addendum Continue to advance positioning of system to become a community care organization	Integrate findings from Health Assessment Addendum into Community Health Strategic Plan Continue to follow clients who were involved with the housing mini grant to determine if savings are sustained Advance ROSC in the community as foundational to becoming a CCO	Revised Community Health Strategic Plan Continued reporting on savings from housing mini grant in collaboration with the hospital Implementation results of local ROSC plan	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Transform existing drop-in center to a Recovery Center	Conduct local Peer Summit to create a system vision for the expansion of peers in our system Recruit and train additional peer support Integrate peers throughout the treatment and aftercare process Modify available programming and accessibility to transform drop in center to recovery support center	Attendance at Peer summit Completion of a Vision Document for the community Number of peers trained Number of peers working with clients New services available; numbers of clients using facility/participating in programming	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant ***Priorities Consistent OHIOMAS Strategic Plan**				
Treatment: Veterans	Ensure that local veterans and their families have access to the treatment and support they need	Continue to offer local PTSD Support Groups in collaboration with the local VA	Attendance	__ No assessed local need __Lack of funds __ Workforce shortage

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		Sustain Lending Library for information and support materials at the local Red Cross	Utilization of materials	__ Other (describe):
		Recruit the local VA to participate in the Trauma Learning Community	Participation in Community	
Treatment: Individuals with disabilities	Ensure that clients with disabilities don't "fall through the cracks" of local service providers	Continue to participate in local Adult Care Collaborative where high risk cases are reviewed and local plans developed	Participation in quarterly meetings; number of cases reviewed	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	To transform Hancock County into a Recovery Oriented System of Care (ROSC)	Implement transformational plan for ROSC including adding and/or expanding access to the following services: MAT; Residential Treatment; Recovery Housing; and crisis stabilization/detox services; peers support services	Implementation/expansion of stated services Utilization of Services Review of reports from the ROSC Leadership Team	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Ensure that individuals with a mental illness and/or addiction that are currently homeless gain access to permanent supportive housing	Continued participation on Day Center Oversight Committee Continued participation and leadership of local Housing Consortium Continued Property Management of board owned housing	Attendance at meetings Attendance at meetings/service in leadership role Monitoring of Board housing budget and occupancy rates	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations	Expand community understanding of underserved populations	Conduct Annual Cultural Competency Training	Attendance at training Review of Evaluation Results	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults	Expand understanding of special needs of the 18-25 year old population	Complete specific data collection on 18-25 year old population Support local Transitional Housing Program offered by Hope House	Expanded data base specific to 18-25 year old population Referrals made to the program and treatment support offered	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		Participate in Family Stability Committee	Attendance at monthly meetings	
Treatment: Early childhood mental health (ages 0 through 6)*	Identify and engage youth in services at the earliest point of identification of need	Continue to participate in ECMH Consultation Grant Continued Implementation of Dina-school	Participation/Number of consults provided Number of schools participating/number of youth impacted	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	To apply strategic prevention framework throughout the Board's prevention/education and wellness efforts	Increase focus on environmental strategies of change Revise Work Plan to reflect the 7 strategies of community change Continued participation in SPF-SIG Grant Increased data collection and use of data for decision making	Revised Work Plan Revised Work Plan Grant reports Data base reports	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Same as above	Same as above	Same as above	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	Same as above	Same as above	Same as above	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Promote wellness in Ohio's workforce	To ensure an emotionally healthy and substance abuse free workforces	Send outreach letters to those who fail drug screen test for employment Complete Phone App linking job availability to access to resource information on mental health/substance abuse Continued participation as a WIA Board member	Numbers of letters sent Number of apps downloaded Meetings attended	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		Continued implementation of RSC Recovery to Work Program	Number of clients served/number obtaining employment	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*****	Reduce the number of Hancock County residents to develop problem gambling and/or addiction	Implementation of Problem Gambling Prevention Plan	Number participating in educational efforts Amount of media exposure Number of clients screened for problem gambling/addiction Number of clients treated for problem gambling/addiction	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Enrollment/Medicaid Expansion	To get all eligible residents enrolled in Medicaid	Provide training to local providers on how to enroll	Number of residents enrolled
Enrollment/Healthcare Exchange	To get all eligible residents enrolled in health exchange	Provide training to local providers on how to enroll Establish local providers as Certified Application Counselors Refer clients to navigator services Develop Board policy regarding subsidizing care for individuals eligible but not enrolled on the exchange	Number of residents covered by insurance
Stigma/Education/Public Awareness	To increase the awareness of mental health and substance abuse disorders	Implement Mental Health First Aid Implement SBIRT Promote Mental Health Fund	Number trained Number of screenings conducted Amount of money contributed
Establish a Crisis Center	Reduce Use of Emergency Room Avoid Inpatient Admissions Provide Immediate Access to Services (including induction into MAT)	Development of local crisis stabilization/detox facility	Facility established Numbers served
Increase Housing Capacity with Addition Single Unites; Recovery Housing	Increase the availability of single bedroom apartments	Apply for grant funds to increase housing and develop housing as resources become available	Amount of resources secured/number of units developed

	Establish a recovery home		Number of clients served
Full implementation of ROSC	To fully establish Hancock County as a ROSC	Implement ROSC Work Plan as guided and directed by ROSC Leadership Team Assign resources to implementation	Completion of residential treatment facility; crisis stabilization/detox facility; recovery housing; MAT; and peer support services – including a recovery center

Priorities (continued)

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1)Autism	There is a growing number of youth identified with autism that are transitioning to adulthood. They are not eligible for services under DD and may not have a diagnosis of a mental illness; yet their behaviors impede successful transitioning via sustaining employment and housing. They are likely to become

	involved with the criminal justice system. While we are aware this is occurring; resources are too limited to devote to this issue at present.
(2)Digital Academy	The number of youth enrolled in our local digital academy continues to climb. Youth who are unable to succeed in a traditional school environment are diverted to the digital academy. Enrollment is now in excess of 300 youth. These youth do not have access to the school based programming providing by our system. This is seen as a growing problem. Once again, these are high risk youth; however current resources are too limited to address this issue.
(3)Aging Population	As we are successful in gaining primary treatment services for clients involved with our system; the need to develop more services for the aging population will increase. We have minimal resources dedicated to this at present; and without additional resources will be unable to expand this as a focus area.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

Collaboration

8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.

Collaborative Partner	Accomplishments
Criminal Justice System	Implementation of a Probation Improvement Grant in collaboration with the Adult Probation Department Grant from the Ohio Attorney General's office to establish a case manager position at the local jail. Award of a Community Innovations Grant to expand jail based staff and implement new framework for identification and delivery of services
St. Andrews Church	Largest faith based contribution in our systems history ($60,000 toward development of a local substance abuse residential treatment facility)
Marathon Oil	First Corporate donation in our systems history ($50,000 toward development of a local substance abuse residential treatment facility)
Huntington Bank	Successful FHLB grant for the development of local substance abuse residential treatment facility
Handbags that Help	Pending application to establish Hancock County as a Trauma Learning Community with the National Council
Blanchard Valley Health System	Successful Implementation of Housing Mini Grant
Opiate/Prescription Drug Abuse Task Force	CME presentations; completion of DVD used by Pain Clinic; legislative advocacy; phone app; database; medication collection, etc.

Inpatient Hospital Management

9. Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee

The vast majority of Hancock County residents in need of an inpatient level of care are treated at our local inpatient unit, Orchard Hall. While our utilization of the state hospital was minimal in FY'13; there has been a significant increase in FY'14. Upon inquiry, our local agency indicates that this increase is due to a number of younger; newly diagnosed (often dually diagnosed) individuals in need of inpatient care that are treatment resistant and very sick.

The implementation of ROSC, which includes the development of a crisis stabilization/detox facility, should have a positive impact of inpatient utilization. Until such services are in place; it is anticipated that the existing use pattern will continue.

Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that increase efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?

    a. Service delivery

    b. Planning efforts

    c. Business operations

    d. Process and/or quality improvement

    Please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

Advocacy (Optional)

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.

    Our Board has been very vocal in our disagreement with the allocation formula utilized by the State Department related to the increased resources that were put into our system by the state legislature. At this point we would recommend that the state department consider an ethics consult related as a means of resolving the dispute across the state related to the allocation of state resources.

Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds.

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this wavier is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION
n/a	n/a	n/a

B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the Department. Each ADAMHS/ADAS Board requesting this waiver must complete this form and provide a brief explanation of the services to be provided

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION
n/a	n/a	n/a	n/a

Appendix 2: Definitions

Business Operations: Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

Cultural Competence: (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

Culturally Competent System of Care: The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

Local System Strengths: Resources, knowledge and experience that is readily available to a local system of care.

Local System Challenges: Resources, knowledge and experience that is not readily available to a local system of care.

Planning Efforts: Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

Service Delivery: Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.